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STUDY ON THE MANAGEMENT OF ICU PSYCHOSIS AMONG NURSES- NIMS, HYDERABAD, TELANGANA

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ABSTRACT

The objective of the present study is to assess the knowledge regarding management of ICU Psychosis among 50 Staff Nurses working in NIMS Hospital, Hyderabad. The intensive care unit leads to a variety of psychiatric complications. Their physiologic concomitants can endanger life. The special environment of these units can be quite stressful to patients and staff. The Intensive care units, which are sophisticated, mechanized and dehumanizing critical care environment is still remaining a challenge to the nurses. They have to monitor patients closely to identify subtle changes that warrant immediate interventions. Nurses should be able to interpret, integrate and respond to a wide array of clinical information. Nurses should have sound knowledge about clinical pharmacological, and environment factor in the Intensive care setting, as these are potential factors to cause dangerous psychological disturbances among critically ill patients.

KEYWORDS: Staff nurses, Psychosis, Knowledge, ICU Management.

INTRODUCTION:

Man is the highest creation of God on earth than all other creations who has capacity to conquer the world. For this to happen man should be healthy. There is an old saying "Health is Wealth" which means fitness of the body, mind and freedom from diseases or aliment. It means that if individuals who have good health they will have good wealth. So Health is the greatest gift of life. The health illness spectrum emphasizes that health of an individual is not static; it is a dynamic phenomenon and a process of continuous change, subject to frequent variations. Illness is a subjective state of the person who feels aware of not being well (Wright 1999). Illness refers not only to the presence of specific diseases, but also the perceptions and behavior in response to the disease, as well as the impact of the disease on the psychosocial environment of an individual. Earlier there were only few diseases but now-a- days due to numerous reasons the number of diseases are also increasing. As a result more number of hospitals were established. Hospitalization itself is stressful to the patients. Specially in Intensive care units where attenders are not allowed, hence the patients who stay for longer period develop ICU Psychosis(D. Waston 2000). The severe degree of illness is called critically ill. And these critically ill need to be cared in the intensive care unit.In 1800's Florence Nightingale described the advantage of placing patients recovering from surgery in a separate area of the hospital. Critical care nursing was organized into a specialty only less than 40years ago. Before that time critical care nursing was practiced wherever there were critically ill patients (B. T. Pun 2002). Intensive care units were started during, Florence Nightingale time in 1854 left for the Crimean War, where triage, used to separate seriously wounded soldiers from the less-seriously wounded, was observed. Until recently, it was reported that Nightingale reduced mortality from 40% to 2% on the battlefield. Although this was not the case, her experiences during the war formed the foundation for her later discovery of the importance of sanitary conditions in hospitals, a critical component of intensive care. In 1950's Peter Safar considered to be first practioner of Intensive care medicine as a advanced support of life.Intensive care unit is a specially staffed, specially equipped, separate section of a hospital dedicated to the observation, care, and treatment of patients with life threatening illnesses, injuries, or complications from which recovery is possible. Over the last few years, there has been a tremendous advancement in technology and skills required to treat critically ill patients. The patients in critical care units are more ill than ever before with the subjective interpretation of illness, environmental induced psychological torture, isolation, monopolization of perceptions, threat, and degradation (Gruskin 2002). In such environment critically ill patients become confused in the intensive care setting. Several dangers exist in acute confusional states as the confused patients jeopardize their own safety, are more likely to die than no confused patients and are more likely to become cognitively impaired which requires institutionalization. The alterations in the behavior of critically ill are commonly referred to as ICU Psychosis. It may result from the physiologic stressors incurred by these patients compounded by disruptions from environmental noises. This has lead to the development of intensive care units (ICUs), which are essential areas, where severely ill patients can be concentrated, looked after and provided with the infrastructure and expertise necessary to treat critical illness (J.V. Divatia 2006). Today's health care environment necessitates nursing to become flexible and responsive to the changing nature of societal needs. Patients typically cared in a critical care unit include the patients who had major invasive surgery, accident and trauma, multiple organ failure. Patients who are admitted to critical care tend to be medically unstable, requiring constant cardiac and respiratory monitoring and continual adjustment of treatments like dosing of multiple intravenous medications and changes in ventilator support. Each year, more than 4 million patients are admitted to intensive care units in the United States and about half a million die in ICUs. Today in many Western country's 10% or more acute inpatient beds are denoted to critical care and the number of patients requiring ICU care predicted to double in the next two decades as the population grows.

PROBLEM STATEMENT:

A study to assess the knowledge regarding management of ICU psychosis among nurses working in Nims, Hyderabad.

OBJECTIVES OF THE STUDY:

To assess the knowledge regarding management of ICU psychosis among nurses. To associate the knowledge of nurses regarding management of ICU psychosis with their selected demographic variables

KNOWLEDGE:

Refers to the correctresponse of the staff nursesregard management of ICU Psychosis.

ICU PSYCHOSIS:

Refers to transient psychotic episodes (anxiety, delirium, restlessness, clouding of consciousness, delusions, extreme excitement, agitation, paranoia, hallucinations, severely disoriented even violent) classically occurring in critically ill patients after entering the ICU with no previous history of psychosis.

STAFF NURSES:

Refers to a person who were qualified and registered in the state council and who provide care to the patients in the ICU.

METHODOLOGY:

Methodology is the most important part of any research study, which enables the research to form a blue print for the study under taken. Research methodology involves the systematic procedure by which the research starts from the time of initial identification of the problem, to its final conclusion (Abdella). The selection of research design is an important and essential step in research as it is concerned with the overall frame work of conducting the study by giving a plan, structure and strategy of investigation (Polit & Hungler 1999).In this methodology adopted to assess the knowledge of nurses regarding management of ICU psychosis. Research frame work encompasses the research approach, research design, setting of the study, population, sample, method of data collection, development of the tool, validity of the tool, reliability of the tool, pilot study- collection of data and plan for data analysis.

DATA COLLECTION PROCEDURE:

Data collection is the gathering of information needed to address a research problem. Fifty staff nurses were selected by using non-probability purposive sampling technique. The researcher herself administered the questionnaire to fifty staff nurses and after filling the tool, the investigator collected back the tools personally from the respondents. All the nurses were receptive and co-operative during data collection.

PLAN FOR DATA ANALYSIS:

Data analysis is the systematic organization and synthesis of research data, testing of research hypothesis by using the obtained data. It was planned to analyze

and interpret data with the help of descriptive and inferential statistics.

RESULTS:

Sample Characteristics:

The sample characteristics selected in the study were age, religion, professional education, years of experience, sources of information among the nurses working in NIMS.

Table 1: Frequency and Percentage distribution of nurses According to their age

Age in years	Frequency	Percentage
21-25 years	27	54
26-30 years	5	10
31-35 years	4	8
36-40 years	3	6
41 years & above	11	22
Total	50	100

Table-1 represents that out of 50 nurses, more than fifty percent of nurses i.e., 27(54%) belonged to the age group of 21-25years followed by 5(10%) were in between 26-30 years and 4(8%) were in between 31-35 years and 3(6%) were in between 36-40 years and 11(22%) were in the age group of 41& above

Table 2: Frequency and percentage distribution of nurses according to their religion

n=50

Religion	Frequency	Percentage
Hindu	20	40
Christian	30	60
Muslim	0	0
Total	50	100

Table-2 clearly reveals that majority of nurses belonged to Christian religion i.e., 30(60%) followed by Hindu religion i.e., 20(40%). None belong to Muslim religion.

Table 3: Frequency and percentage distribution of nurses according to their professional education

n=50

Educational status	Frequency	Percentage
ANM	0	0
GNM	24	48
BSc.(N)	23	46
MSc.(N)	3	6
Total	50	100

As far as professional education is concerned, table 3 depicts that 24(48%) respondents were with GNM, as their educational qualification and 23(46%) were with BSc. Nursing, and 3(6%) were with MSc. Nursing qualification.

Table 4: Frequency and Percentage distribution of nurses according to years of experience.

n=50

Years of experience	Frequency	Percentage
0-5 years	31	62
6-10 years	4	8
11-15 years	3	6
16 years & above	12	24
Total	50	100

Table-4 explains that more than fifty percent i.e., 31(62%) nurses were with 0-5 years of experience and 4 (8%) were with 6-10 years of experience, and 3 (8%) have an experience of 11-15 years and 12(24%) staff nurses have 16 years and above

Table 5: Frequency and Percentage distribution of nurses according to their source of information

Source of information	Frequency	Percentage
In-service education	21	42
Continuing education	20	40
Workshops	8	16
Others	1	2
Total	50	100

Table –5 depicts that less than fifty percent nurses i.e., 21(42%) gained information regarding management of ICU Psychosis from In-service education, 20(40%) of them gained information from continuining education, 8(16%) gained information from workshops, and 1(2%) gained information from journals.

Table. 6: Frequency and percentage distribution of overall knowledge scores regarding management of ICU Psychosis among nurses

S.NO	Knowledge variables	Below average (<50%)		Average (50-75%)		Above Average (>75%)	
		f	%	f	%	f	%
1	Knowledge scores on management of ICU Psychosis	23	46	27	54	0	0

Table.6.shows that out of 50 nurses, 27(54%) staff nurses were with average knowledge scores, 23(46%) were with below average knowledge score and none of the staff nurses scored above average knowledge scores. This implies that majority of them are not aware of management of ICU Psychosis

DISCUSSIONS:

The purpose of the study was to asses the knowledge regarding management of ICU Psychosis among nurses working in NNIMS Hyderabad. The discussion for the present study is based on the findings obtained from descriptive and inferential statistical analysis of collected data. It is presented in the view of objectives of the study. The present study reveals that among 50 nurses, 27(54%) staff nurses were with average knowledge scores, 23(46%) were with below average knowledge score and none of the staff nurses scored above average knowledge scores. This implies that majority of them are not aware of management of ICU Psychosis. whereas study done by Gautam.S revealed that 57% staff nurses have below average knowledge, 33% staff nurses have average knowledge, and 10% staff nurses have above average knowledge. Mean knowledge scores with regard management of ICU Psychosis was highest among the respondents who were in the age group of 31-35 years their mean was 22.5 with standard deviation of 0.25. Staff nurses who belonged to Hindu religion scored highest mean knowledge score of 22.5 with standard deviation of 0.55. And staff nurses with BSc.(N) degree qualification have got highest mean knowledge score of 21.8 with standard deviation of 0.58. Respondents having an experience of 16 years & above have high mean knowledge score of 21.25 with standard deviation of 0.95. Staff nurses who received information regarding management of ICU Psychosis through workshops got highest mean knowledge score i.e., 23.12 with standard deviation 0.34.

CONCLUSION:

The present study was intended to assess the knowledge of nurses regarding management of ICU Psychosis. Out of 50 respondents, more than fifty percent of the nurses i.e., 27(54%) belonged to the age group of 21-25 years, followed by 11(22%) were in between 41 & above years, 5(10%) were in between 26-30 years and 4(8%) were in between 31-35 years and only 3(6%) were in between the age group of 36-40 years.

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